



The Washington State Board of Health

Priority: Health Disparities

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Final Report of the Health Disparities Subcommittee

May 9, 2001

Washington State Board of Health

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Overview— Subcommittee on Health Disparities

Joe Finkbonner, RPh, MHA



Definition of Health Disparities

Health Disparities describes the disproportionate burden of disease, disability, and death among a particular population or group compared to its proportion of the population.



Overview

- Board established eliminating health disparities as one of its priority issues
- Board created Subcommittee on Health Disparities
- Subcommittee convened workgroup; 53 members invited to participate; met three times over course of one year



Hypothesis

Subcommittee hypothesis:

Health disparities among racial and ethnic minorities in Washington State could be reduced by fortifying efforts to diversify the health care workforce.



Subcommittee's work

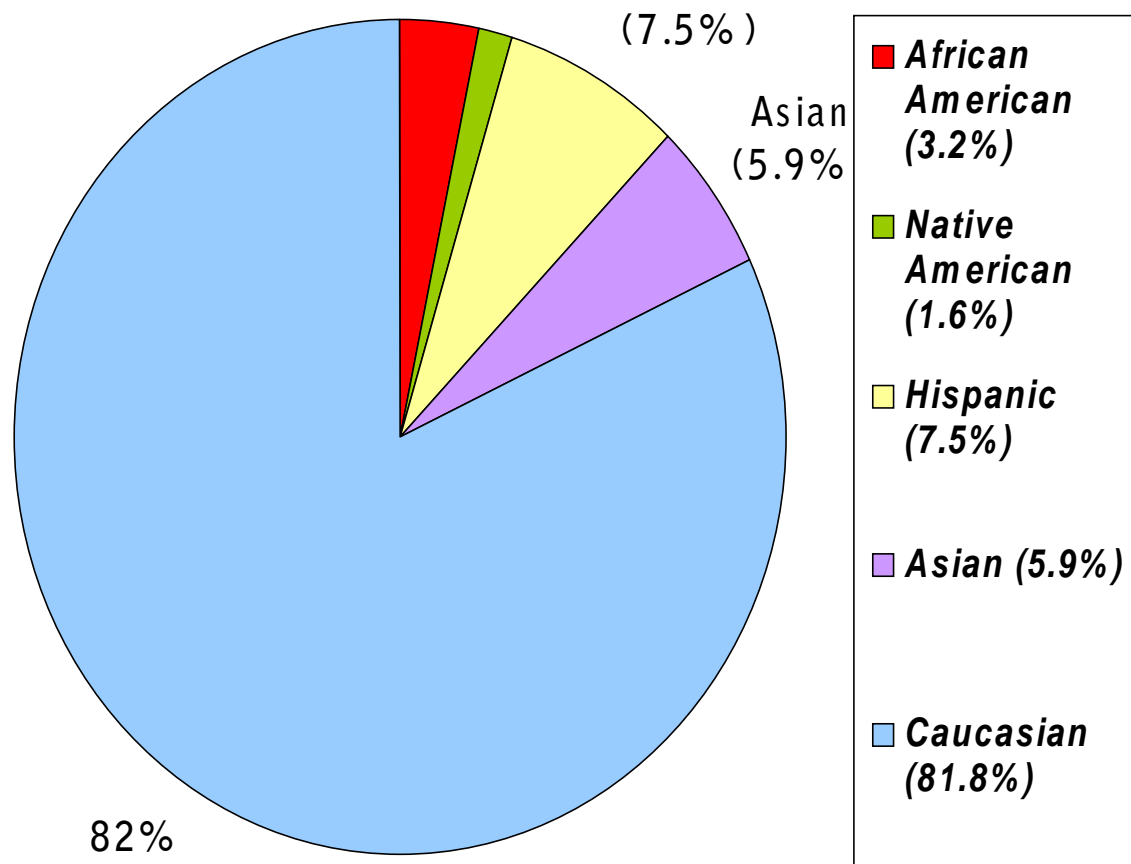
- Confirmed health disparities exist in WA
- Established diversity affects health outcomes
- Examined composition of health workforce
- Estimated workers needed to achieve parity
- Studied workforce development pipeline
- Reviewed existing programs for minorities
- Identified opportunities to increase the effectiveness of minority workforce programs



Health Disparities in Washington State

The Honorable Margaret Pageler, JD

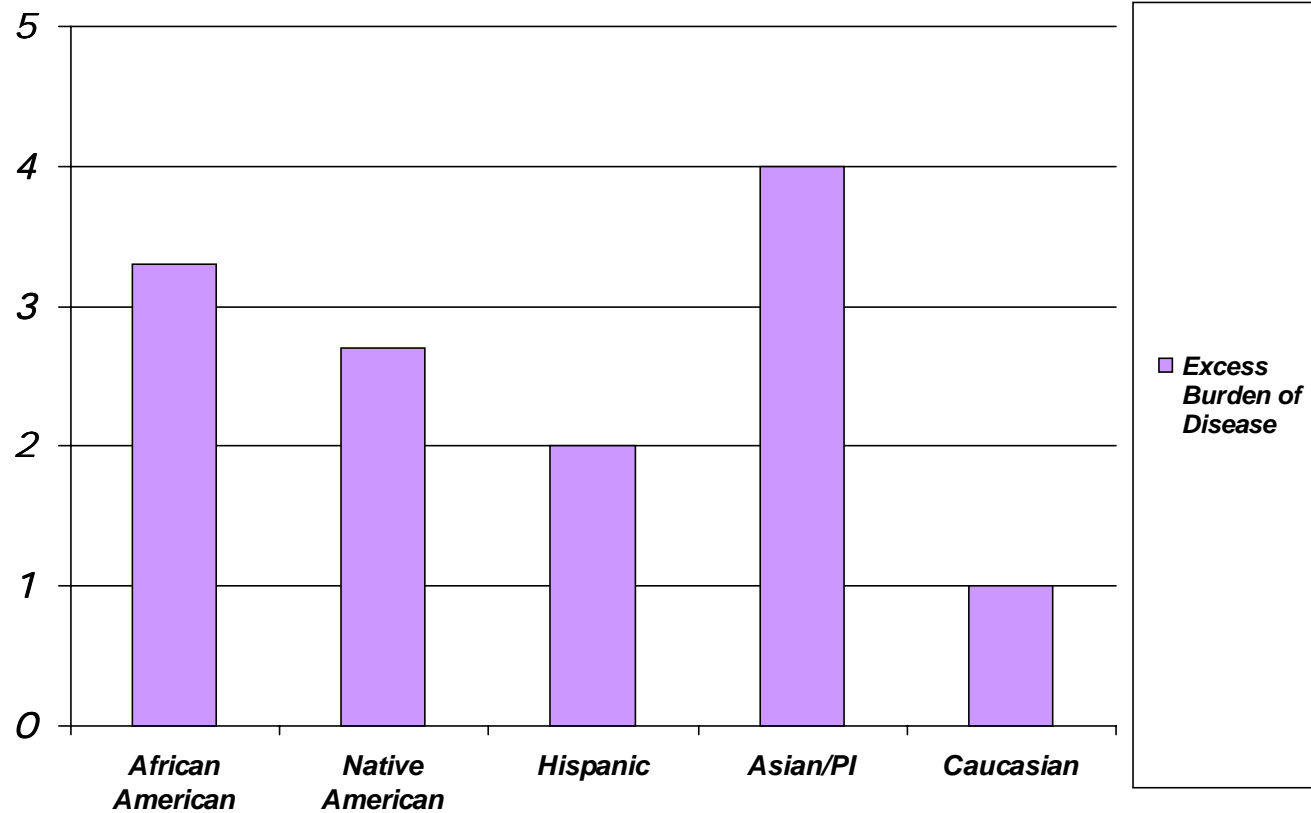
Washington State Population by Ethnicity



Census 2000

Excess Burden of Disease Among Racial/Ethnic Populations in Washington State

Rate ratio is shown for each group.



Diseases: Deaths from AIDS, Asthma, Cervical Cancer, Diabetes and Cases of Tuberculosis. (DOH Office of Epidemiology)



Many Factors Contribute to Health Disparities:

- Behavioral Choices
- Genetic Predisposition
- Nutrition
- ➡ ■ Access to Medical Care
- Environmental and Occupational Conditions
- Poverty



Improved Health Through a Diverse Workforce

- Data show we can improve the health status of racial and ethnic minorities by creating a health-care workforce that mirrors the populations they serve.
- Research demonstrates minority health-care providers are more likely to practice in underserved minority communities than their non-minority counterparts.



Minority Workforce in Washington State

Vickie Ybarra, RN, MPH

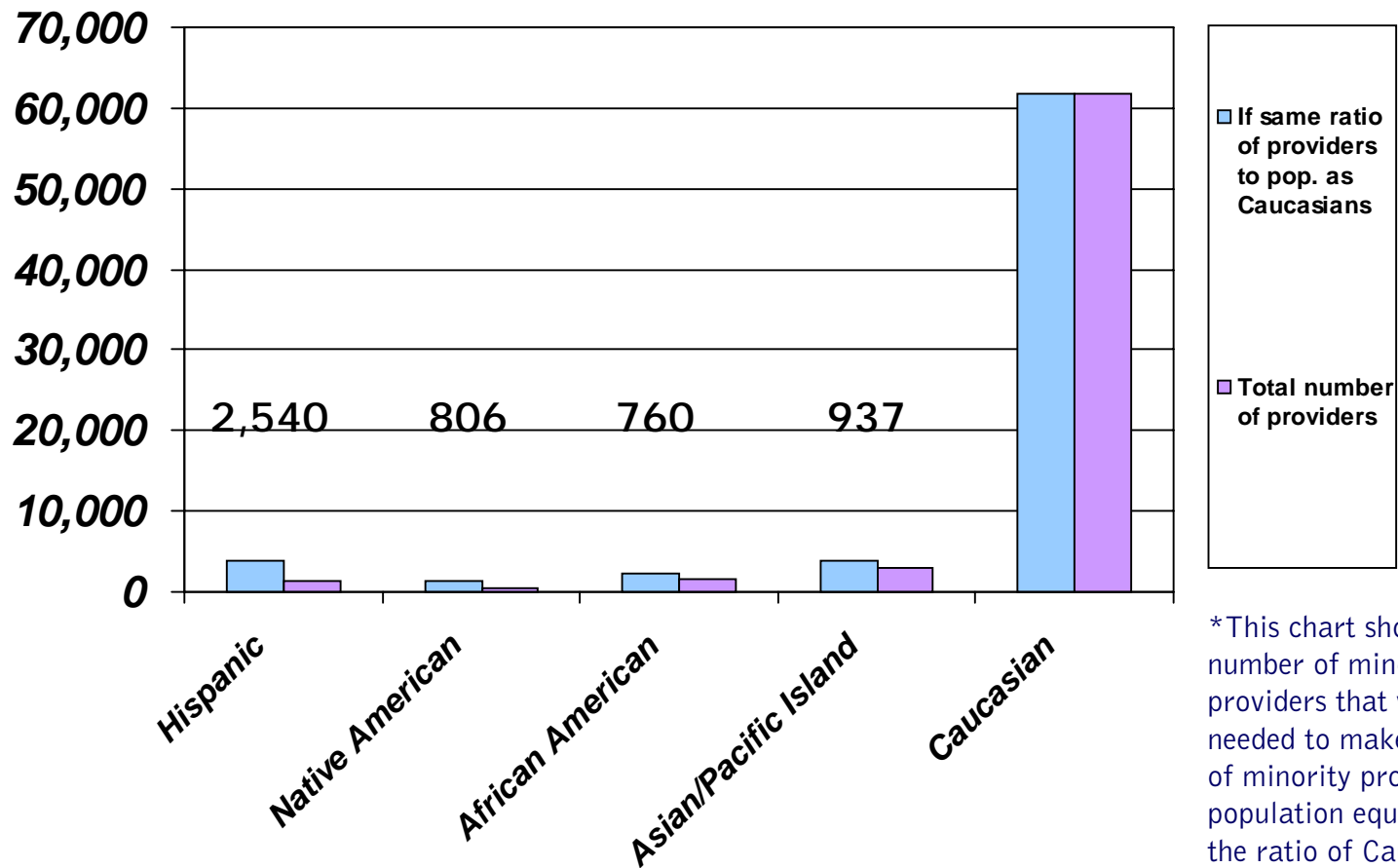


Minority Workforce Shortages

- Two ways to assess racial and ethnic provider shortages:
 - # of Minority Providers
of Minority **Population**
 - # of Minority Providers
of **Cases of Disease** in Minority Population
- Both ways show racial and ethnic minorities are underserved. It's more severe when we look at providers per cases of disease.

Actual vs. Needed* Health Care Providers by Race/Ethnicity—Population Ratio

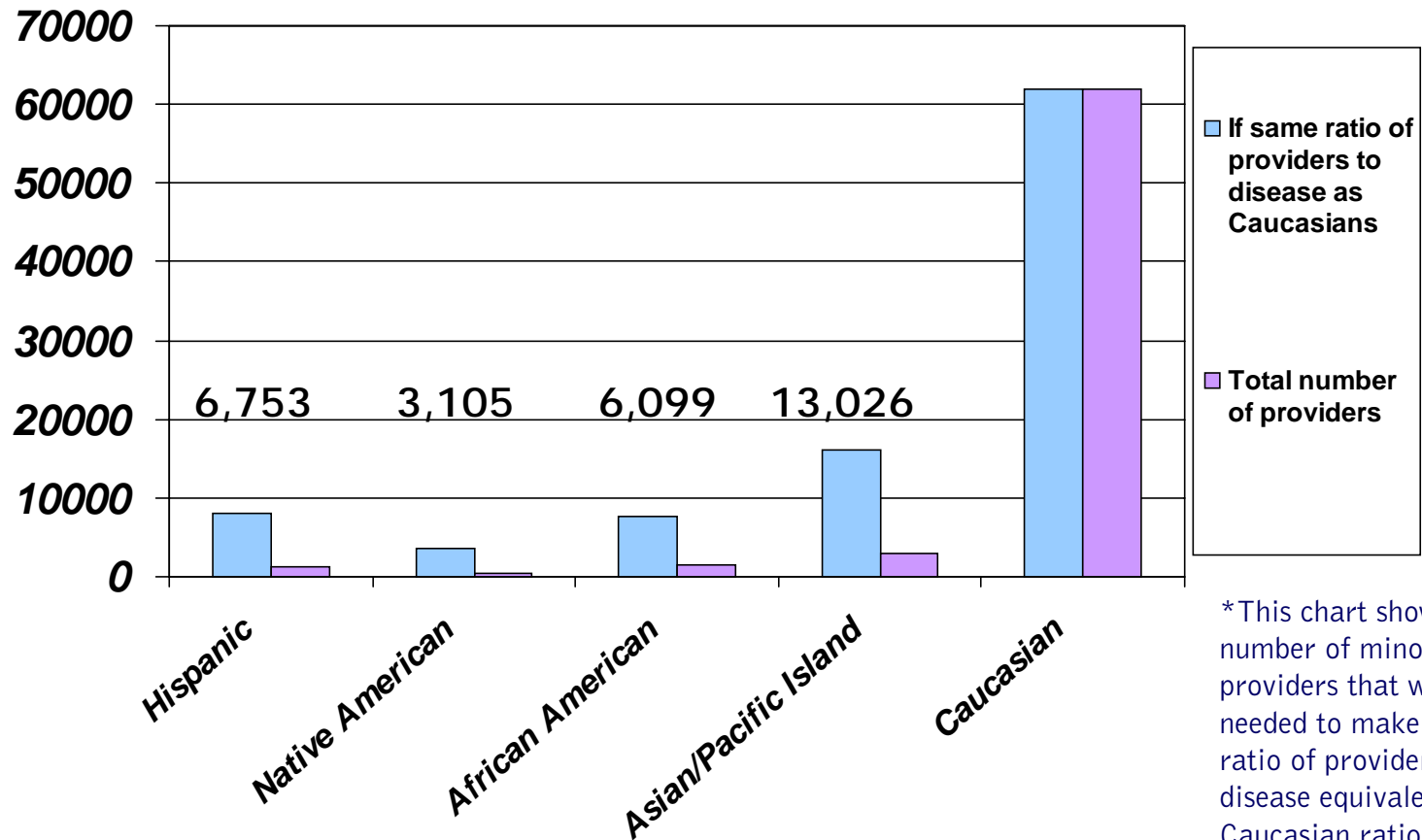
Disparities are quantified above each group.



*This chart shows the number of minority providers that would be needed to make the ratio of minority providers to population equivalent to the ratio of Caucasian providers to population.

Actual vs. Needed* Health Care Providers by Race/Ethnicity—Disease Ratio

Disparities are quantified above each group.



*This chart shows the number of minority providers that would be needed to make their ratio of providers to disease equivalent to the Caucasian ratio of providers to disease.

Diseases: Deaths from AIDS, Asthma, Cervical Cancer, Diabetes and Cases of Tuberculosis. (DOH Office of Epidemiology)



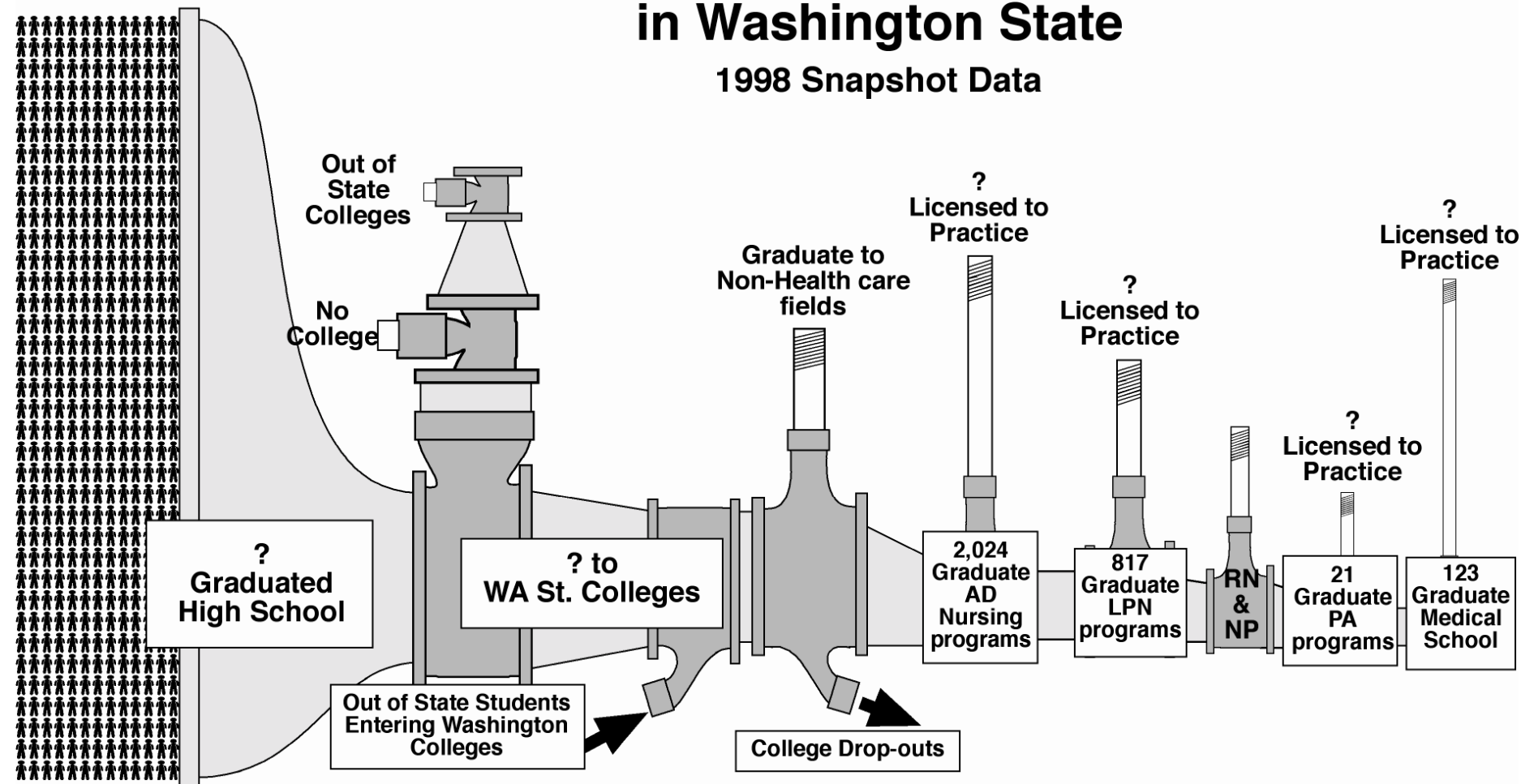
Academic Pipeline

Vickie Ybarra, RN, MPH

Out of 48,064
kids entering
Kindergarten...

Caucasian Healthcare Workforce Academic Pipeline in Washington State

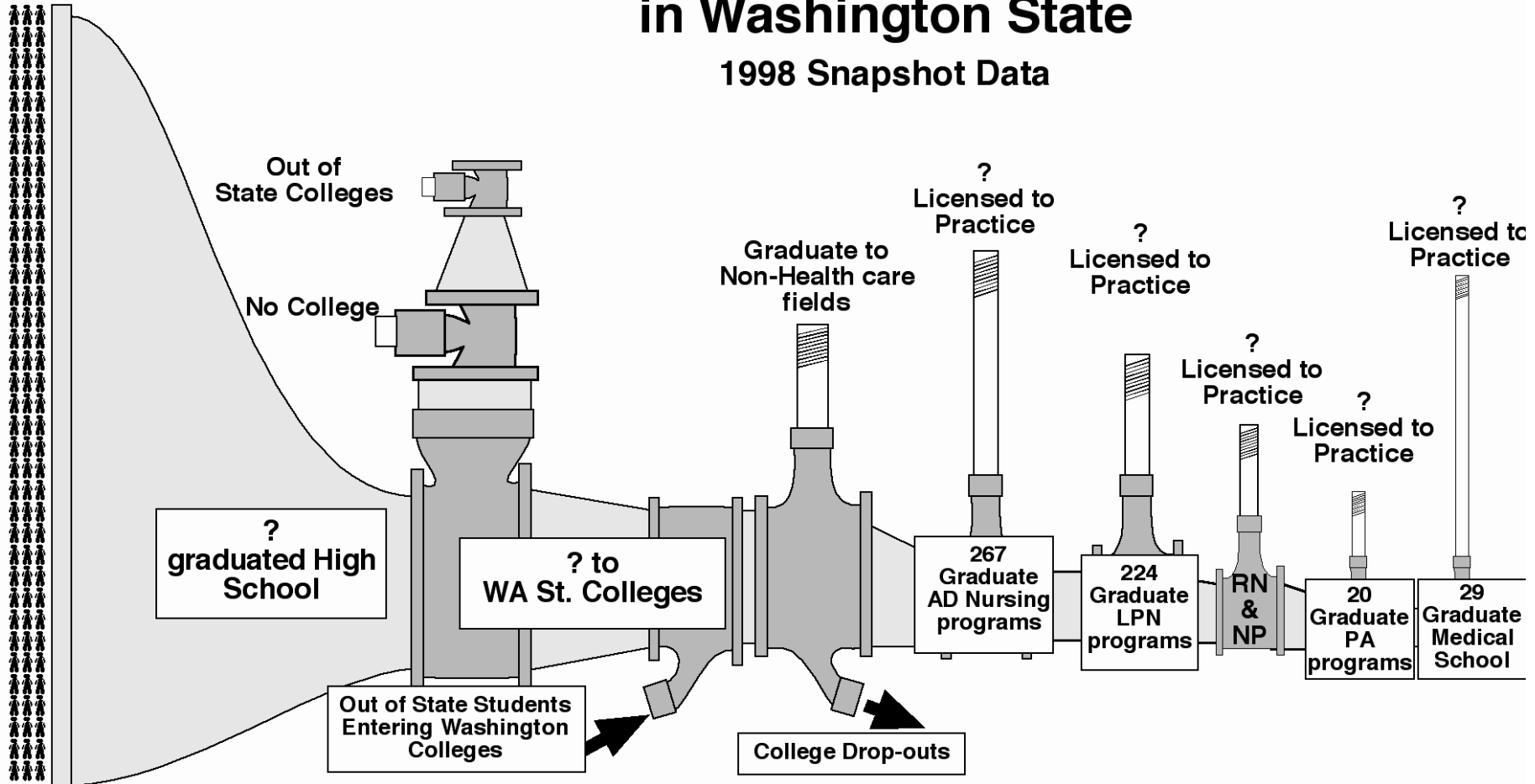
1998 Snapshot Data



Minority Healthcare Workforce Academic Pipeline in Washington State

1998 Snapshot Data

16,022 enter
Kindergarten





Opportunities to Build a Diverse Health Care Workforce

- Ongoing data collection to measure improvements in diversity
- Guidelines to refine existing programs and shape new programs
- Assessment tool to consistently measure impact of programs
- Opportunities to re-enter the pipeline
- Leveraging of existing resources
- Oversight and coordination to assure programs are promoting a diverse workforce



Recommendations

Joe Finkbonner, RPh, MHA



Enumerate Composition of Health-Care Workforce

- Need for current data on workforce composition
- Need to regularly collect and disseminate information about diversity in health-care workforce
- Role of health professional associations to initiate efforts
- Efforts can be alone or in collaboration with others



Academic and Career Program “Best Practices” Guidelines

- Establishes and tracks outcomes
- Recruits from populations with disproportionate disease burden and/or underserved communities
- Provides access to academic support
- Includes mentoring
- Is ongoing with strategy for continued funding
- Provides linkages among programs
- Is included in mainstream educational institutional practices



Academic and Career Program “Best Practices” Guidelines

Early education focus to build strong foundation in math, science and reading

- Initiate program early in a child’s education (grade school)
- Promote parent involvement in the student’s education

Middle school and high school focus to spark interest in a health-care career

- Initiate program in middle school or later
- Provide opportunities for health-related jobs, internships, and volunteering
- Provide students with information on colleges and links them with college admissions representatives and health professional school representatives



Pipeline Re-Entry for People with Prior Health Experience

- Expand roles of qualified minorities who already have training:
 - Foreign-trained health professionals
 - Mid-career health work workers who want to advance training

Ensure credentialing process gives credit for prior training and experience

Create internships and supervised practice opportunities



Graduate Medical Education Incentive Pool

- DSHS to create an incentive pool with some portion of GME funds
- Use funds to bolster health-care workforce diversity
- Encourage recruitment and retention of qualified under-represented minorities



Elements of Workforce Diversity Report Card

- High School Graduation Rates by Race/Ethnicity
- 2-yr./4-yr. Graduation Rates by Race/Ethnicity
- Professional School Enrollment by Race/Ethnicity
- Newly Licensed Practitioners by Race/Ethnicity
- Total Licensed Practitioners by Race/Ethnicity



Coordinate Health-Care Workforce Diversity Efforts

Professional associations convene a broad-based public/private panel

Include public and private institutions:

- State agencies
- Academic research centers
- Organized labor
- Private philanthropic foundations
- Other interested groups



Coordinate Health-Care Workforce Diversity Efforts

- Improve and review data collection efforts
- Review, refine, and promote use of guidelines
- Compile recommended report card
- Help pursue public and private funds to expand existing efforts
- Evaluate effect of programs
- Recommend if the state should systematically analyze overall diversity efforts
- Report back to SBOH in fall 2002